



**Aiken County PRT**  
*Your Happy Places*

## **Aiken County Parks, Recreation, and Tourism Department**

\_\_\_\_\_ **Outpost Camps**      \_\_\_\_\_ **Day Trip**      \_\_\_\_\_ **Salley Art Exploration**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name the child goes by: \_\_\_\_\_ Camp Attending: \_\_\_\_\_  
Day Trip Attending: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

S.C.

Zip

Email address: (optional): \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Addition number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Additional: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

*Rural Recreation Staff Has My Permission to Administer First Aid Treatment Or Call For Other Medical Help Needed Which Is Considered To Be In My Child's Best Interest.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this waiver, I agree to hold harmless Aiken County, South Carolina, a body politic and corporate and political subdivision of the State of South Carolina and its employees, officers, assigns, and representatives from any claim of liability, illness, damages, negligence, acts of omission, or injury, suffered by me, any relative, agents, representatives, assigns or any one else associated with my organization as a result of participation in, presence at, or traveling to or from this event.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_